

# BOILERMAKER

## EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service  
800 – 8100 Granville Ave.  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@skilledtradesbc.ca

This form is used to declare work experience for periods of employment and must be completed by a direct supervisor of the applicant, who will be contacted by SkilledTradesBC.

**Note:** An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

A “Boilermaker” is a tradesperson who possesses the full range of knowledge, abilities and skills required to fabricate, construct, install, assemble, erect, demolish, repair and maintain a wide variety of vessels, tanks, towers, boilers, hoists and other structures, ancillary equipment and fixtures made of steel, other metals, fiberglass, and other materials. The broad scope of the boilermaker trade includes the construction and maintenance activities performed in the field and in industrial and commercial plants.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **7,425 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

### A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Employment Information of Applicant

Enter the business information for the applicant’s period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: (     )	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant’s Employment (MM/DD/YYYY):		Total Number Hours of <b>Boilermaker</b> Experience Accumulated in Period:
From:	To:	
Job Title of Applicant:		

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### C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ( )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

### D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (26)	SUPERVISOR DECLARATION RESPONSE	
<b>Performs Safety-Related Functions</b>		
Uses Personal Protective Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Fall Protection Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Fire Safety Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Controls Workplace Hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets OHS Regulations and Worksafebc Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitors Confined Space	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses Tools, Equipment, And Work Platforms</b>		
Uses Hand Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Power Tools and Shop Fabrication Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Cutting Tools and Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Work Platforms and Access Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Organizes Work</b>		
Uses Mathematic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Drawings and Specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Supervisor must enter name and initials on every page of this form*

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (26)	SUPERVISOR DECLARATION RESPONSE	
Uses Communication and Mentoring Techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles Materials and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Performs Cutting And Welding Activities</b>		
Cuts Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses Rigging, Hoisting, And Lifting Equipment</b>		
Plans Lifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rigs Loads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hoists Loads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fabricates Rigging Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Lays Out, Fabricates, And Assembles Vessels And Components</b>		
Performs Fabrication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aligns And Fits Vessels and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fastens Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintains, Upgrades, And Repairs Vessels And Components</b>		
Inspects and Tests Vessels and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Vessels and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes and Dismantles Vessels and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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*Supervisor must enter name and initials on every page of this form*

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: